

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006583

1. Entity Name

David L. Mason Foundation, Inc.

Principal Place of Business
P.O. Box 1930
Boca Grande, FL
33921

Mailing Address
P.O. Box 1930
Boca Grande, FL
33921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3479134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fowler, White, Gillen Boggs, Villareal et al
Attn: R. Alan Higbee
501 East Kennedy Boulevard, Suite 1700
Tampa, FL 33601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME D/P/T/AS
STREET ADDRESS Mason, David L.
CITY-ST-ZIP 4055 Shore Lane
Boca Grande, FL 33921 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004614392--9
-09/27/01--01086--027
*****61.25 *****61.25
☐ Change ☐ Addition

TITLE
NAME VP/S/AT/D
STREET ADDRESS Mason, Janice A.
CITY-ST-ZIP 4055 Shore Lane
Boca Grande, FL 33921 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS Mason, Vester L.
CITY-ST-ZIP 2340 N. Fernway Drive
Montgomery, AL 36111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X David L. Mason

David L. Mason X 9-16-01 X 941-964-1065

CR2E037 (5/01)